Appendix A

Teton Interagency Dispatch Flight Following and Flight Plan Procedures

Just prior to the flight, the Chief of Party/Pilot is responsible for notifying dispatch when a flight following plan is to be initiated. All administrative aircraft flights in airspace over or surrounding the Park or Forest will be conducted under a formal flight plan, submitted to TIDC or filed with the FAA. All helicopter and "special use" fixed-wing missions will require 15 minute flight following.

These procedures are established to facilitate mission safety and to alleviate potential conflicts of multiple aircraft within Park and surrounding area airspace simultaneously.

Flight Following: [Required for all helicopter and "special use" fixed wing missions.]

Teton Dispatch or local flight following radio operator is responsible for flight following and will continue monitoring the radio until aircraft is handed off to another flight following entity or the aircraft has returned to home base.

- Incident Commander, Aircraft Manager, or Pilot will contact TIDC or local flight following operator to initiate flight following and establish 15-minute flight following intervals.
- Communicate to Dispatcher/RADO the following:
 - Communication frequency.
 - Type of mission.
 - Aircraft type and identification number ("N" number).
 - Number of passengers and pilots.
 - Proposed flight route or destination.
 - Confirm AFF is working.
- Depending on aircraft communication capabilities the following procedures will be adhered to:

When flight following **WITHOUT AFF**, relay the following information to dispatch every 15 minutes:

- Current location (geographic, legal location, or latitude / longitude).
- Current direction of flight.
- Next destination or area to be surveyed.
- Estimated time on ground (if landing).

When flight following **WITH AFF**, the aircraft dispatcher or flight follower will check the status of the aircraft every 15 minutes.

- Flight Manager or Pilot will communicate to dispatch any deviations to the last report of flight intentions
- Aircraft dispatcher or flight follower will call the aircraft if there is any unexpected change or deviation from last report
- Terminate flight following with Dispatch at end of mission or advise intent to contact or positive contact with adjacent dispatch center. TIDC will contact that dispatch center for positive handoff.

Flight Plans: [option for non-special use fixed wing missions.]

- Incident Commander or Flight Manager initiate.
- File a formal flight plan with TIDC or the FAA.
- Close the flight plan with TIDC or the FAA.

<u>Aircraft of cooperating agencies</u> are asked to notify Teton Interagency Dispatch (307-739-3630) of the start and end of their missions performed over Grand Teton National Park (GRTE) or the Bridger Teton National Forest (BTF). Flight following may be provided if the BTF and GRTE are benefitting from the activity.

Appendix B

USDA Forest Service FS-5700-10 (9/93) FLIGHT REQUEST/JUSTIFICATION FOR ADMINISTRATIVE USE OF AIRCRAFT (FSM 5710; FSH 5709.11, Ch. 10) User (Agency/Unit): Date(s) Of Use: Purpose Of Trip: Service Requested: Planned travel requires the use of air transportation, and Forest Service-operated or charter aircraft will be used because (check a, b, or c. If c is checked, attach a cost comparison): (a) The aircraft is scheduled to perform a bona fide mission, training, or proficiency activity compatible with secondary use of the flight for transportation, and the minimum mission, training, or proficiency requirements have not been exceeded. (b) No airline service is reasonable to effectively fulfill the transportation requirement, that is within the same calendar day as required. Explanation: (c) The actual cost¹ of using this aircraft is not more than other suitable and available air transportation. (Use FS-5700-11, Cost Comparison Travel Worksheet.) Signature Title

1 This cost should be the total cost to the Government; calculations should include per diem, overtime, and lost work time as well as actual transportation costs.

Appendix C

USDA Forest Service FS-5700-11 (09/93)

COST COMPARISON TRAVEL WORKSHEET FSM 5710; FSH 5709.11, Ch. 10)

ITEMS TO BE COMPARED: GOVERNMENT OPERATED AIRCRAFT, AIRLINE, COMMERCIAL AIRCRAFT UNDER CONTRACT AND ANY OTHERS.

STEP 1: ANALYZE TRAVEL NEED

Consider number of travelers, weight and nature of baggage or cargo, and all known contraints. Typical constraints could be time away from home station, working time needed at destination(s), specific dollar limits, and vulnerability to weather delays. Do not include a method of transport that is obviously unsuitable. Normally, the decision to travel by air will have been made before using this form, but columns for other means are provided for use when appropriate. Summarize analysis: (example) Government-operated and charter aircraft both capable of performing requested service. Airline service did not meet time constraints for conference, nor did any form of ground transport.

| STEP 2: COST (| COMPARISON | | , nor did dily form | | | |
|-------------------------------------|--------------------------------|-----------------------------|---------------------------------|-------------------------------------|-------|-------|
| | Common Carrier (Airline) | Common Carrier (Rail) | Government Owned Aircraft | Commercial Aircraft (Cotract) | Other | Other |
| Fares/Flight costs | | | | | | |
| Per diem/ overnight charges | | | | | | |
| Lost worktime | | | | | | |
| Local transportation | | | | | | |
| 5. Overtime/ standby | | | | | | |
| 6. Other | | | | | | |
| 7. Total cost | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| _ | | | | _ | | |
| Name of Prepare | г | | | Unit | | |

Appendix D

USDA Forest Service FS-5700-12 (9/93)

DAY TRIP AUTHORIZATION

(FSM 5710: FSH5709.11, CH.10)

| DATE: | | | | | |
|-------|---|---|---|--|--|
| Mak | e/Model of A | ircraft: | Registration Number | | |
| Ope | rator: | | | | |
| Pu | irpose of Trip: | | | | |
| | Route of Flight: | | | | |
| | | Passenger Name | Affiliation | | |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| 7. | | | | | |
| 8. | | | | | |
| 9. | | | | | |
| 10. | | | | | |
| 11. | | | | | |
| 12. | | | | | |
| 13. | | | | | |
| 14. | | | | | |
| 15. | | | | | |
| 16. | | | | | |
| 17. | | | | | |
| 18. | | | | | |
| 19. | | | | | |
| 20. | at Samiaa an | onsoring unit: | | | |
| 1016 | I certify the Transport. U.S.C. 267 | at the person(s) listed above has an official purpose for b I recognize that the Government may incur increased lial (1-2680, and that ownership of the conveyance(s) in quester General's Decision B-231814, January 19, 1989). I have | bility exposure under the Federal Tort Claim Act, 28 tion does not alter the Government's liability | | |

Appendix E

| Teton Dispatch (| Center Aircra | ft Flight | |
|---------------------------|----------------|------------|--|
| Sched | uling Form | | MANIFEST (List passengers and equipment): |
| PROJECT NAME: | FLIGHT DATE: | TIME: |] 1 5 |
| | | | 2 6 |
| REQUESTORS NAME and #: | CHARGE CODE: | | 7 |
| | | | 4 8 |
| PROJECT DESCRIPTION & PIG | CKUP LOCATION: | ELEVATION | Form Instructions for Requestor: |
| | | | 1. Project Name: Enter Name of project |
| | | | 2. Flight Date: Entered desired date(s) of flight |
| LATITUDE (DDM): | LONGITUDE (DD |)M): | 3. Time: Enter desired pickup time |
| | | | 4. Requestors Name and #: Enter name and phone |
| | | | number of prj. manager |
| DESTINATION LOCATION: | | ELEVATION: | g |
| | | | 6. PRJ Description and Pickup location: Describe project |
| LATITUDE (DDA4) | LONGITUDE (DE | | mission, elevation and coordinates of pickup location. |
| LATITUDE (DDM): | LONGITUDE (DD | PIVI): | 7. Destination Location: Describe destination location, elevation and coordinates of destination. |
| SPECIAL REMARKS: | | | 8. Special Remarks: provide any additional intel for |
| | | | mission planning |
| | | | 9. Upon completion, email this form to |
| | | | grte_dispatch@nps.gov and dgomez@fs.fed.us 10. The requestor should also call Dispatch at 307-739- |
| | | | 3630 and the Aviation Officer at 307-739-5524 or 307-739- |
| | | | 3339 to confirm receipt. |

Appendices F through H:

F. NPS ALSE Waivers

- a. GRTE Jenny Lake District Ranger Environmental PPE waiver
- b. GRTE Science and Resource Management Environmental PPE waiver

G. NPS Short Haul Enhancements

- a. GRTE Short-haul Enhancement
- b. GRTE/Teton County Wyoming Short-haul Enhancement

H. Programmatic PASP's and Project Specific PASP's *

- 1. GRTE and the BTF have four programmatic PASP's for routine and reoccurring missions
 - a. Communication Sites (Radio Repeater, RAWS, SNOTEL, and Webcam maintenance) GRTE/BTF
 - b. Fire Detection/Aerial Reconnaissance GRTE/BTF
 - c. Rescue Training and Supply GRTE
 - d. Short Haul Training BTF

2. Project Specific PASP's

*All the above PASP's are reviewed annually by the local program managers, the IAO, and by regional aviation managers when applicable. They are approved locally by the appropriate level agency administrator or line officer prior to implementation. Program managers and the IAO store these PASP's electronically and file them at the local unit.

Appendix I

Scooper Operations Plan

The purpose of this document is to set basic and initial operational constraints for fixed-wing water scooping aircraft operations for the Forest and Park. Operational constraints may be adjusted throughout the season as aircraft capabilities and limitations are determined.

Aircraft and Capabilities

| Aircraft | Cruise Speed | Drop Speed | Maximum Capacity | Time on Station | Maximum Efficient Working |
|-----------|-----------------|---------------|---------------------|--------------------|---------------------------------|
| CL 21F | 150 KTAC | 100 KTAC | 1400 col | 4 60000 | Elevation |
| CL-215 | 150 KTAS | 100 KTAS | 1400 gal | 4 hours | 8,000' MSL |
| CL-415 | 180 KTAS | 110 KTAS | 1600 gal. | 4-5 hours | 8,000' MSL |
| Fire Boss | 150 KTAS | 100 KTAS | 800 gal | 2.7 hours | 8,000' MSL |

Water Sources

Subject matter experts identify scoop-able water sources as those over one mile in length and at least six feet deep for the CL-215/415 and four feet deep for the Fire Boss. Locations with turbulent air, steep terrain and high density altitude should also be avoided.

Identified water sources on or near the Bridger Teton Forest and Grand Teton Park are: Jackson Lake, Fremont Lake, Willow Lake, Fontenelle and Palisades Reservoirs.

Invasive Species and Retardant Issues

To reduce the potential spread of invasive species, scooping aircraft will be appropriately cleaned prior to changing scooping locations if the original site is known to be infected. An exception to this requirement would be in a case of eminent threat to human life or other high value at risk as determined by Incident Management or Fire Duty Officer.

If the Fire Boss has been used as a retardant aircraft, it must also be cleaned prior to starting scooping operations. When potential exists to utilize the Fire Boss as a scooping aircraft, an initial load of water upon dispatch is prudent to allow the aircraft to move directly into scooping operations.

Operations

In response to hazards identified in the <u>Programmatic Risk Assessment and Safety Assurance Evaluation of Water Scooping Aircraft Operations</u> and by local fire managers, the following operation constraints will be utilized for scooper operations by the Bridger Teton National Forest and Grand Teton National Park:

- 1. If available, Aerial Supervision should be in place over an incident during scooping operations. If Aerial Supervision is not in place local flight following (in addition to dispatch flight following) will be initiated with ground forces on the fire.
- 2. Scooping operations will only be conducted from identified water sources which will limit the spread or introduction of aquatic invasive species. Aircraft pilots have the final determination on whether or not the water sources promote safe operations.

- 3. Scooping aircraft are most efficient when working within 20 nm from a suitable water source. Fire managers and aerial supervision must be aware of efficiencies and will manage the resource at their discretion.
- 4. Scooping operations will be segregated from other aviation operations and may further be separated by scooper model. This does not mean scoopers and helicopters cannot utilize the same water source, rather their operations need to be properly separated to allow for safe operations.
- 5. Upon dispatching a scooping aircraft to a fire, dispatch will contact the appropriate Sherriff's Department to notify them this operation is occurring and allow them to determine if a patrol boat is necessary to ensure public safety.
- 6. Available Scooper Water Body Coordination Worksheets follow on the next pages.

| NAME: | | ER WATER BODY COO s Reservoir | KDINA | ATION WORKSH | <u>EEI </u> |
|-------------|--------------|----------------------------------|----------|----------------------------|---|
| | | | 0.5.0 | TI (| 5.6202 |
| Latitude*: | | Longitude*: 111° | | Elevation: | 5630' |
| | | water body are to be used, | determ | ine lat/long for spe | cific area, if not |
| | of water boo | <u> </u> | | CONTACT NICEDED I | DOOR TO |
| | al Control o | - | | CONTACT NEEDED P | 'RIOR IO |
| Owner: | | Reclamation | 3 | COOPING? | |
| Name: | | ke Field Office – Corey | | YES | |
| | Loveland | | | NO ⊠ IOTIFICATION IS NE | TEDED ACARI |
| Phone: | 208 678-04 | 461 | ^ | IOTIFICATION IS NE | EDED ASAP! |
| Email: | | | | DEDMICCION NEED | |
| | rcement Ju | | | PERMISSION NEEL SCOOPING? | JED PRIOR TO |
| Name: | | le County Sheriff | | YES \square | |
| Phone: | 208-529- | ·1200 | | | |
| Location: | Idaho Fa | lls, ID | | NO 🔀 | NEEDED ACADI |
| Email: | | | | NOTIFICATION IS I | VEEDED ASAP! |
| Administra | ntion Inforn | nation: | | \neg | |
| Forest/Bur | | Caribou Targhee NF | | _ | |
| Location: | eda/State. | Idaho Falls, ID | | _ | |
| Email: | | idano i ans, ib | | _ | |
| Phone: | | 208 524-7600 | | _ | |
| PHOHE. | | 208 324-7600 | | | |
| Known Haz | zards: | | | | |
| Structure(s |): Mou | ıntain terrain all quadrants | | | |
| Water: | - | | | | |
| Recreation | : Med | lium / High | | | |
| Other: | | | | | |
| | | | | | |
| Known Inv | asive Speci | es: | | | |
| | | | | | |
| Environme | ntal Mitiga | tions Needed Pre/Post Sco | oping: | Follow Water Scoop | per Ops Plan |
| Rinse Prior | to use to p | revent spread of invasive s | species. | | |

Comments: Notifications of ongoing operations need to be made to EIDC and the East Idaho/CTF Interagency Aviation Officer.

| | SCOOP | ER W | ATER BODY | COORDI | NATI | ON WORKSH | EET |
|-----------------|--------------------------|----------|-----------------|-------------|----------|--------------------------|--------------------|
| NAME: | Fremont | Lake | | | | | |
| Latitude*: | 42 56.089 | 9' | Longitude*: | 109 48.54 | 12' | Elevation: | 7421' |
| *If specific p | ortions of | water b | ody are to be | used, dete | mine | lat/long for spe | cific area, if not |
| ise center c | of water bo | dy | | | | | |
| Operation | al Control d | f Wate | er: | | CON | TACT NEEDED P | PRIOR TO |
| Owner: | | | | | SCO | OPING? | |
| Name: | | | | | | ES 🗌 | |
| Phone: | | | | | N | 0 📙 | |
| Email: | | | | | | | |
| Laure France | | indiatio | | | חרחו | MISSION NEEDE | D DDIOD TO |
| Law Enforce | | | | | | VIISSION NEEDE OPING? | D PRIOR TO |
| Name: Phone: | Sublette C (307) 367- | - |) E | | | ES \square | |
| Location: | Pinedale, \ | | | | N. | | |
| Email: | rilleuale, | /V 1 | | | | TIFICATION IS NE | EEDED ASAP! |
| Liliuli. | | | | | | | |
| Administra | ition Inform | nation: | | | | | |
| Forest/Bur | eau/State: | Bridg | er Teton Natio | nal Forest | | | |
| Location: | | Jacks | on, WY | | | | |
| Email: | | | | | | | |
| Phone: | | 307- | 739-5500 | | | | |
| | | | | | <u> </u> | | |
| Known Ha | zards: | | | | | | |
| Structure(s |): Mot | ıntain t | errain all quad | rants | | | |
| Water: | | | | | | | |
| Recreation | : Med | dium | | | | | _ |
| Other: | | | | | | | |
| | | | | | | | |
| Known Inv | asive Speci | es: | | | | | |
| Farring man | netal Adition | | Nandad Dro /Do | at Cananin | Fall | o Mator Cook | oor One Dien |
| | | | | - | | ow Water Scoop | ber Ops Plan |
| KITISE PTION | to use to p | revent | spread of inva | isive speci | :5. | | |
| Comments | · Notificati | ons of | ongoing onerg | tions need | to he | made to TIDC o | and the BTF/GTP |
| Interagence | _ | - | | uons need | io be | made to ribe d | ind the DiffOIP |
| merugent | y Aviduoli | Jjicei | • | | | | |

| | SCOOP | ER W | ATER BODY | COORDI | NATI | ON WORKSI | IEET |
|-------------------|--------------|----------|------------------|-------------|----------------|------------------|---------------------|
| NAME: | Willow I | ake | | | | | |
| Latitude*: | 43 0.219 | 1 | Longitude*: | 109 52.49 | 7' | Elevation: | 7698' |
| *If specific p | ortions of | water k | oody are to be | used, dete | rmine | lat/long for spe | ecific area, if not |
| use center c | of water bo | dy | | | | | |
| Operation | al Control o | f Wate | er: | | CON | TACT NEEDED | PRIOR TO |
| Owner: | | | | | | OPING? | |
| Name: | | | | | YE | ~ <u>-</u> | |
| Phone: | | | | | N | o 📙 | |
| Email: | | | | | | | |
| Law Enforc | ement Juri | sdictio | n: | | PERI | MISSION NEED | ED PRIOR TO |
| Name: | Sublette C | | | | | OPING? | |
| Phone: | (307) 367- | - | | | ΥI | ES 🗆 | |
| Location: | Pinedale, \ | | | | N | o 🖂 | |
| Email: | , | | | | NOT | TIFICATION IS N | EEDED ASAP! |
| | | | | | | | |
| Administra | ition Inforn | nation | • | | | | |
| Forest/Bur | eau/State: | Bridg | er Teton Natio | nal Forest | | | |
| Location: | | Jacks | on, WY | | | | |
| Email: | | | | | | | |
| Phone: | | 307- | 739-5500 | | | | |
| W | | | | | | | |
| Known Haz | | | | 1 | | | |
| Structure(s |): IVIOL | intain | terrain all quac | arants | | | |
| Water: | <i>:</i> Med | lium | | | | | |
| Recreation Other: | . IVIEC | llulli | | | | | |
| Other: | | | | | | | |
| Known Inv | asive Sneci | es: | | | | | |
| Kilottii iiit | usive speci | | | | | | |
| Environme | ntal Mitiga | itions I | Needed Pre/Po | st Scoopin | g: Foll | ow Water Scoo | per Ops Plan |
| | | | t spread of inv | | | | · · · |
| | · | | - | - | | | |
| Comments | : Notificati | ons of | ongoing opera | itions need | to be | made to TIDC | and the BTF/GTP |
| Interagenc | y Aviation | Officer | | | | | |

SCOOPER WATER BODY COORDINATION WORKSHEET

| NAME: | Jackson Lake | | | | |
|------------|--------------|-------------|------------|------------|-------|
| Latitude*: | 43 54.616' | Longitude*: | 110 41.277 | Elevation: | 7418' |

| | se center o | <u> </u> | 1 |
|---------------------|-------------|---|------------------------------|
| (| Operation | al Control of Water: | CONTACT NEEDED PRIOR TO |
| (| Owner: | Bureau of Reclamation | SCOOPING? |
| 1 | Vame: | Upper Snake Field Office – Corey | YES 🗌 |
| | | Loveland | NO 🖂 |
| Phone: 208 678-0461 | | 208 678-0461 | NOTIFICATION IS NEEDED ASAP! |
| Ε | mail: | | |
| | Law Enfo | rcement Jurisdiction: | PERMISSION NEEDED PRIOR TO |
| | Name: | Colter Bay District Ranger Pat Navaille | SCOOPING? |
| | Phone: | 307-739-3500 or cell: 307-690-1938 | YES U |
| | Location: | Colter Bay Ranger Station | NO 🗵 |
| | Email: | | NOTIFICATION IS NEEDED ASAP! |
| | | - 1 | |
| | | | |

| Administration Information: | | | | |
|-----------------------------|---------------------------------|--|--|--|
| Forest/Bureau/State: | Grant Teton National Park (Fire | | | |
| | Dispatch) | | | |
| Location: | Moose, WY | | | |
| Email: | | | | |
| Phone: | 307-739-3630 | | | |

| Known Hazards | Known Hazards: | | | | |
|---------------|--|--|--|--|--|
| Structure(s): | Mountain terrain all quadrants | | | | |
| Water: | | | | | |
| Recreation: | Weekdays - Medium / Weekend High Fishing Vessels, Recreational | | | | |
| | Boaters/Campers & Water Skiing Activities | | | | |
| Other: | | | | | |

| // | |
|-------------------------|--|
| Known Invasive Species: | |
| | |

Environmental Mitigations Needed Pre/Post Scooping: Follow Water Scooper Ops Plan **Rinse Prior to use to prevent spread of invasive species.**

Comments: Notifications of ongoing operations need to be made to TIDC and the BTF/GTP Interagency Aviation Officer.

^{*}If specific portions of water body are to be used, determine lat/long for specific area, if not use center of water body

SCOOPER WATER BODY COORDINATION WORKSHEET

| | SCOOI. | | ATER DODT | COOKDI | 11/1/1. | ION WUKKSI | | | | |
|--|---|----------------------|----------------------------|------------------------------|-----------------|-------------------------|-----------------|--|--|--|
| NAME: | Fontenel | Fontenelle Reservoir | | | | | | | | |
| Latitude*: | 42 6.083 | | Longitude*: | 110 8.22 | 8 | Elevation: | 6478' | | | |
| *If specific portions of water body are to be used, determine lat/long for specific area, if not | | | | | | | | | | |
| use center o | f water boo | dy. | | | | | | | | |
| Operational Control of Water: | | | | | | CONTACT NEEDED PRIOR TO | | | | |
| Owner: | Bureau of Reclamation | | | | | SCOOPING? YES NO | | | | |
| Name: | Upper Colorado Field Office – Jed Parker | | | | | | | | | |
| Phone: | 801-524-3816 | | | | | | | | | |
| Email: | | | | NO | TIFICATION IS N | IEEDED ASAP! | | | | |
| Law Enforc | ement Juri | sdictio | PERMISSION NEEDED PRIOR TO | | | | | | | |
| Name: | - | | | | | SCOOPING? YES | | | | |
| Phone: | 307 877-3971 | | | | | | | | | |
| Location: | Kemmerrer, WY | | | | NO 🖂 | | | | | |
| Email: | | | | NOTIFICATION IS NEEDED ASAP! | | | | | | |
| Administra | tion Inform | a esti a m | | | | | | | | |
| Administra | | iution. | | | | | | | | |
| Forest/Bureau/State: Location: | | | | | | | | | | |
| Email: | | | | | | | | | | |
| Phone: | | | | | | | | | | |
| rnone. | | | | | | | | | | |
| Known Haz | ards: This | water | body has not b | een surve | yed fo | or aerial hazard | s. Perform high | | | |
| and low lev | vel recon pi | rior to | scooping oper | ations. | | | | | | |
| Structure(s) |) <i>:</i> | | | | | | | | | |
| Water: | | | | | | | | | | |
| Recreation: | , | | | | | | | | | |
| Other: | | | | | | | | | | |
| Known Invo | nsive Sneci | oc• | | | | | | | | |
| KIIOWII IIIV | JSIVE SPECI | | | | | | | | | |
| Environmental Mitigations Needed Pre/Post Scooping: Follow Water Scooper Ops Plan | | | | | | | | | | |
| Rinse Prior to use to prevent spread of invasive species. | | | | | | | | | | |
| Comments: | Comments: Notifications of ongoing operations need to be made to TIDC and the | | | | | | | | | |
| BTF/GTP Interagency Aviation Officer. | | | | | | | | | | |

SCOOPER WATER BODY COORDINATION WORKSHEET

| NAME: | | | | | | | | | | |
|---|---|----------------------|-----------------|----------------------------|-----------------|--|--|--|--|--|
| Latitude*: | | Longitude*: | | Elevation: | | | | | | |
| *If specific p | ortions of v | water body are to be | used, determine | e lat/long for specif | ic area, if not | | | | | |
| use center of water body. | | | | | | | | | | |
| Operationa | l Control o | of Water: | COL | CONTACT NEEDED PRIOR TO | | | | | | |
| Owner: | | | sco | SCOOPING? | | | | | | |
| Name: | | | , | YES | | | | | | |
| Phone: | | | יו | NO 🗌 | | | | | | |
| Email: | | | | | | | | | | |
| | | | | | | | | | | |
| Law Enforce | ement Juri | sdiction: | | PERMISSION NEEDED PRIOR TO | | | | | | |
| Name: | | | | DOPING? | | | | | | |
| Phone: | | | | YES 🗌 | | | | | | |
| Location: | | | r | NO [| | | | | | |
| Email: | | | | | | | | | | |
| Administra | tion Inform | nation | | | | | | | | |
| Forest/Bure | | nation. | | | | | | | | |
| Location: | du/State. | | | | | | | | | |
| Email: | | | | | | | | | | |
| Phone: | | | | | | | | | | |
| PHONE. | | | | | | | | | | |
| Known Haz | ards: | | | | | | | | | |
| Structure(s) | 1 | | | | | | | | | |
| Water: | - | | | | | | | | | |
| Recreation: | | | | | | | | | | |
| Other: | | | | | | | | | | |
| | | | | | | | | | | |
| Known Inva | isive Speci | es: | | | | | | | | |
| | <u> </u> | | | | | | | | | |
| Environmer | Environmental Mitigations Needed Pre/Post Scooping: Follow Water Scooper Ops Plan | | | | | | | | | |
| Rinse Prior to use to prevent spread of invasive species. | | | | | | | | | | |
| Comments: | | | | | | | | | | |
| | | | | | | | | | | |